JB DOGM M/023/015 LPB 7/	17/91
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  1.   Show to whom delivered, date, and addressee's address.  (Extra charge)	
3. Article Addressed to:	4. Article Number
BOB STEELE OPERATOR OWNER 1055 N 400 E NEPHI UT 84648	P 074 978 892  Type of Service:  Registered Insured  Certified COD  Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Address X 6. Signature — Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT	

## UNITED STATES POSTAL SERVICE

## **OFFICIAL BUSINESS**

## SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





USE, \$300

TO TO

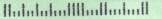
Print Sender's name, address, and ZIP Code in the space below.

STATE OF UTAH

NATURAL HESOURCES

OIL, GAS, & MINING3 TRIAD CENTER. SUITE 350

SALT LAKE CITY, UTAH 84180-1203



NO INSURANCE COVERAGE PROVIDED

(SEE HEVEISE)

OPERATOR OWNER BOB SIEELE

E 00b **J022** SIFEE! AND NO.

P.O., State and ZIP

Postage 84948 NEPHI

Certified hee

SdSn

7/11/91

LPB

M/023/015

Special Delivery Fee

Hernin Heceipt snowing Restricted Delivery Fee

DY JATOT Date, and A to whom and Date Delivered

POSIMARK

PS Form 3800, June 1985